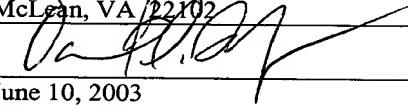




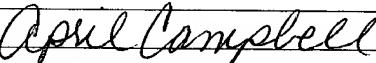
<b>TRANSMITTAL FORM</b> <small>be used for all correspondence after initial filing)</small>		Application Number 09/765,388
		Filing Date January 22, 2001
		First Named Inventor Nobuo SHIMAZU et al.
		Group Art Unit 2881
		Examiner Name D. Vanore
Total Number of Pages in This Submission 11		Attorney Docket Number 740107-140

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <small>(for an Application)</small> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
			Remarks	
			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740107-40) for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	June 10, 2003

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <b>[37 CFR 1.8(a)]</b>	
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Signature:	
Name:	April Campbell June 10, 2003

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JUN 11 2003

# FEE TRANSMISSION FOR FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$110.00)

Complete if Known

Application Number	09/765,388
Filing Date	January 22, 2001
First Named Inventor	Nobuo SHIMAZU et al.
Examiner Name	D. Vanore
Art Unit	2881
Attorney Docket No.	740107-140

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number

19-2380 (740107-140)

Deposit Account Name

Nixon Peabody LLP

## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80

SUBTOTAL (1) (\$ 0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3** =			0
Multiple Dependent		X		0

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	
1202	18	2202	9
1201	84	2201	42
1203	280	2203	140
1204	84	2204	42
1205	18	2205	9

SUBTOTAL (2) (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (\$ 110.00)

Certificate of Mailing or Transmission [37 CFR 1.8(a)]  
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on June 10, 2003.

Signature: *April Campbell*

Name: April Campbell

## SUBMITTED BY

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	(703) 770-9300
Signature	<i>David S. Safran</i>			Date	June 10, 2003

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